

2
40
39
23159

MAILED MAY 13 1941

791

Primary Registration District No.

1003

Registrar's No.

3173

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Pacific Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME BERNARD CESSLE MEDLEY

3. (b) If veteran, name war No 3. (c) Social Security No. 708-09-2876

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MAR. 6 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 1 6 hr. min.

9. Birthplace Union County Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Car Inspector

11. Industry or business Alton Southern R.R.

12. Name Medley

13. Birthplace Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Ellie Cissel

15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant H. B. Medley

(b) Address 549 N. 23rd E. St. Louis, Ill.

17. (a) Removal (b) Date thereof Apr 12 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis Ill.

18. (a) Signature of funeral director W. M. Burke
(b) Address 3304 State St. E. St. Louis, Ill.
19. (a) APR 12 1941 (b) J. F. DeLoach
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County St. Clair
(c) City or town Cash St. Louis, N.R.
(If outside city or town limits, write "RURAL")
(d) Street No. 456 N 25th
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 7 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1941 hour 6 minute a. M.

21. I hereby certify that I attended the deceased from April 4, 1941, to about date, 1941;
that I last saw h. in alive on above date, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Coronary occlusion
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. M. Burke (M. D. or other) _____
Address 3304 State St. E. St. Louis, Ill. Date signed 4-12-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

999
11
N.R.
0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Char M. Burke*

Licensed Embalmer No. *2421*

P. O. Address..... *E. St. Louis, Ill*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.